EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: July 2017

700

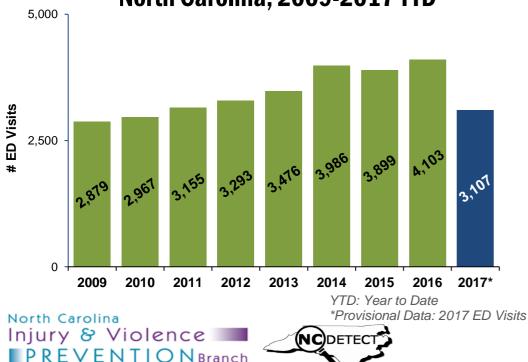
Opioid overdose ED visits July 2017

Compared to 410 July 2016

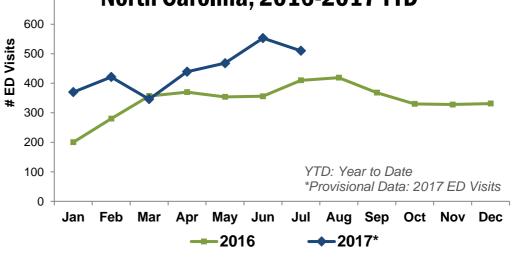
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

Note: Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics.

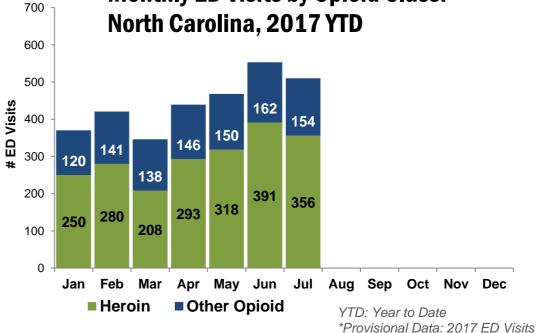
Opioid Overdose ED Visits by Year: North Carolina, 2009-2017 YTD



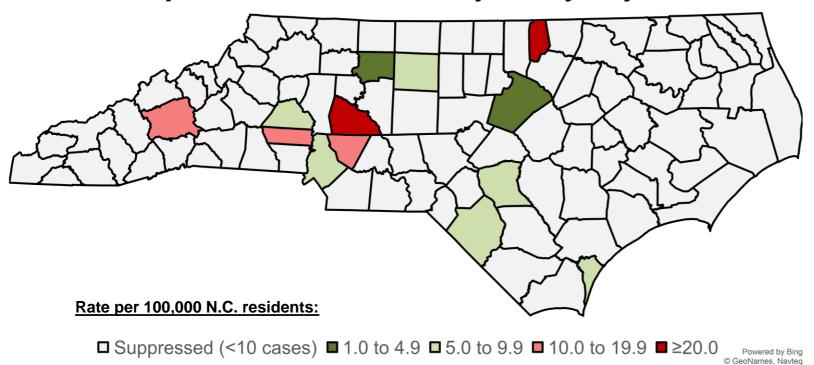
Opioid Overdose ED Visits by Month: North Carolina, 2016-2017 YTD



Monthly ED Visits by Opioid Class: North Carolina, 2017 YTD



Rate of Opioid Overdose ED Visits by County: July 2017

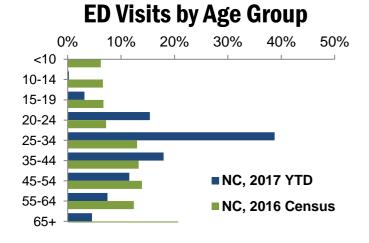


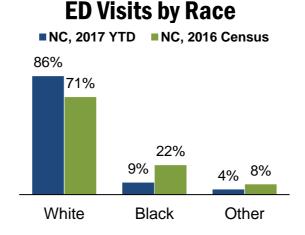
Highest Rates of Opioid Overdose ED Visits by County: July 2017

County	Count	Rate
Vance*	11	24.9
Rowan*	28	20.0
Lincoln	13	16.0
Cabarrus	30	14.9
Buncombe*	26	10.2
Robeson	11	8.3
Cumberland	26	7.9
Mecklenburg	75	7.1
New Hanover	15	6.7
Catawba	10	6.4

Note: Rate per 100,000 N.C. residents
Rates not shown for counties <10 cases
* ≥5 overdoses this month compared to
last month

Demographics of 2017 YTD Opioid Overdose ED Visits Compared to the 2015 NC Standard Population





Demographic data from the North Carolina census provide population-level context for potential disparities by age or race among opioid overdose ED visits.

In North Carolina, ED visits for opioid overdose occur predominately among whites, and those ages 25-34 years if age.

Source: U.S. Census Bureau. *Quick Facts Data: North Carolina 2016*. Retrieved August 22, 2017, from http://quickfacts.census.gov.

NOTE: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is North Carolina's statewide syndromic surveillance system. For training on NCDETECT, contact Amy Ising, ising@ad.unc.edu.

Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. NC DETECT reports five categories of race: White, Black, American Indian, Asian, or Other. Due to low counts, Asian, American Indian, and Other races have been collapsed into a single category.